

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90155 024 ****55.00

DOCUMENT # L03000034996

1. Entity Name
ACD, LLC



Principal Place of Business
27749 FORESTER DRIVE
BAREFOOT BEACH, FL 34134

Mailing Address
3200 TAMiami TRAIL NORTH, STE. 200
NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE



01042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
05-0586483

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LADEMAN, CARRIE E
3200 TAMiami TRAIL NORTH, STE. 200
NAPLES, FL 34103

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PALMER, CRAIG T
STREET ADDRESS 27749 FORESTER DRIVE
CITY-ST-ZIP BAREFOOT BEACH, FL 34134

TITLE MGRM
NAME OTKE, RICHARD
STREET ADDRESS 2421 WEST EDGEWOOD DR.
CITY-ST-ZIP JEFFERSON CITY, MO 65109

TITLE MGRM
NAME SAUVE, ALAN C
STREET ADDRESS 7873 COCO BAY DR.
CITY-ST-ZIP NAPLES, FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Craig T. Palmer* ACD MGRM

3-16-2005 239-495-7999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #